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June 27, 2003

VIA COURIER

Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
U.S.A.

Dear Sirs:

RE: U.S. Patent Application No. 09/647,981
Applicant: Charles D. Y. Sia et al.
Title: HIV-SPECIFIC CYTOTOXIC T-CELL RESPONSES

This communication is in response to the Office communication dated May 30, 2003.

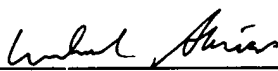
In response to the restriction requirement, the applicant hereby elects the claims of Group I, namely claims 1 to 11, for further prosecution at the present time.

This election is made without prejudice to applicants' right to file a divisional application related to the non-elected invention.

I (12-15)

II (1-11)

Yours truly,



Michael I. Stewart
Registration No. 24,973

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|---|----------------|------------------------|---------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application | 09/647,981 | |
| | Filing Date | 05/07/2001 | |
| | First Named | Charles D. Y. et al. | |
| | Group Art Unit | 1648 | |
| | Examiner Name | Jeffrey S. Parkin | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 1038-1086 MIS |

| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | MICHAEL I. STEWART REGISTRATION NO. 24,973 |
| Signature | |
| Date | June 27, 2003 |

| CERTIFICATE OF MAILING | | | |
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